

**ESCROW ACTIVITY REPORT**

RE 890 (New 1/13)

This report is being filed pursuant to Business and Professions Code §10141.6.

NAME OF REPORTING BROKER (CORPORATION OR INDIVIDUAL)

MAIN OFFICE ADDRESS

DRE LICENSE NUMBER

ESCROW ACTIVITY

CALENDAR YEAR

NUMBER OF ESCROWS CONDUCTED

DOLLAR VOLUME OF ESCROWED TRANSACTIONS

\$

ESCROW LOCATIONS

Location(s) at which broker-controlled escrow activities are occurring, including address and telephone number.

ADDRESS

TELEPHONE NUMBER

ADDRESS

TELEPHONE NUMBER

ADDRESS

TELEPHONE NUMBER

ADDRESS

TELEPHONE NUMBER

ADDRESS

TELEPHONE NUMBER

ADDRESS

TELEPHONE NUMBER

ADDRESS

TELEPHONE NUMBER

ESCROW OFFICERS

TOTAL NUMBER OF ESCROW OFFICERS

ESCROW OFFICER'S LEGAL NAME

DRE LICENSE NUMBER (IF APPLICABLE)

MAILING ADDRESS

TELEPHONE NUMBER

EMAIL ADDRESS

HAS ESCROW OFFICER EVER BEEN BARRED FROM ESCROW ACTIVITIES AND/OR ANY POSITION OF EMPLOYMENT, MANAGEMENT, OR CONTROL OF ANY ESCROW BY THE DEPARTMENT OF REAL ESTATE, CALIFORNIA DEPARTMENT OF CORPORATIONS, OR OTHER ENTITY?

☐ YES ☐ NO

ESCROW OFFICER'S LEGAL NAME

DRE LICENSE NUMBER (IF APPLICABLE)

MAILING ADDRESS

TELEPHONE NUMBER

EMAIL ADDRESS

HAS ESCROW OFFICER EVER BEEN BARRED FROM ESCROW ACTIVITIES AND/OR ANY POSITION OF EMPLOYMENT, MANAGEMENT, OR CONTROL OF ANY ESCROW BY THE DEPARTMENT OF REAL ESTATE, CALIFORNIA DEPARTMENT OF CORPORATIONS, OR OTHER ENTITY?

☐ YES ☐ NO

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DRE LICENSE NUMBER (IF APPLICABLE)

MAILING ADDRESS

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NAME OF REPORTING BROKER (CORPORATION OR INDIVIDUAL)

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☐ YES ☐ NO

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☐ YES ☐ NO
ESCROW ACCOUNTS

NUMBER OF TRUST ACCOUNTS HELD BY THE BROKER FOR ESCROW ACTIVITIES

BANK ACCOUNT NUMBER

NAME OF FINANCIAL INSTITUTION

SIGNATORIES

NAME

DRE LICENSE NUMBER (IF APPLICABLE)

IF UNLICENSED, DOES THIS SIGNATORY HAVE FIDELITY BOND COVERAGE AS REQUIRED BY COMMISSIONER'S REGULATION 2834(A)(3)?

☐ YES ☐ NO

NAME

DRE LICENSE NUMBER (IF APPLICABLE)

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☐ YES ☐ NO

NAME OF REPORTING BROKER (CORPORATION OR INDIVIDUAL)

CERTIFICATION

Under penalty of perjury, the information contained in this report is true and correct to the best of my knowledge and belief.

SIGNATURE OF BROKER OR DESIGNATED OFFICER	DATE
PRINTED NAME OF BROKER OR DESIGNATED OFFICER	DRE LICENSE NUMBER
NAME OF CORPORATION (IF APPLICABLE)	BUSINESS TELEPHONE NUMBER
EMAIL ADDRESS	ALTERNATE TELEPHONE NUMBER

NAME OF REPORTING BROKER (CORPORATION OR INDIVIDUAL)

RE 890 Addendum to the Escrow Activity Report**ESCROW LOCATIONS**

Location(s) at which broker-controlled escrow activities are occurring, including address and telephone number.

Attach additional sheets if necessary.

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ESCROW OFFICERS*Attach additional sheets if necessary.*

ESCROW OFFICER'S LEGAL NAME	DRE LICENSE NUMBER (IF APPLICABLE)
MAILING ADDRESS	
TELEPHONE NUMBER	EMAIL ADDRESS
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☐ YES ☐ NO

ESCROW ACCOUNTS*Attach additional sheets if necessary.*

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